MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10532

CERTIFICATE OF DEATH

Reg. Dist. No. 28 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	William	Barnes		10	31	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Colored	married	7 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Farm	Maryland	U. S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin Barnes	Isabelle Biscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	unknown	Robinson Barnes, Ridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of lung	2 mo.
163X Antecedent cause(s)		
47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
none			m.		none	none

22. I hereby certify that I attended the deceased from 9/10, 1950, to 10/10, 1950, that I last saw the deceased alive on 10/10, 1950, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Leonardtown Md.	10/31/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-3-50	St. Peters Cem.	Ridge	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/2/50	[signature]	P B Robinson	Leonardtown

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY St Marys — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Henry	Barnes	Oct	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	Sept 25-1879	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (Retired)	Farmer	Maryland St Mary's	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Barnes	Rebecca Hally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Joseph Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 wks
443X Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1949, to Oct 5, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE Roy Leyther, MD (Degree or title) — ADDRESS Mechanicsville — DATE SIGNED 10/6/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 7-1950	St Joseph	Morganza St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 6-1950	F A Camalier M.D. per J C Mattingley	Jos C. Mattingley	Leonardtown Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 11 1950
BUREAU V. S

10534

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location) R F D #1

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) Wheeler (Last) BENNETT

4. DATE OF DEATH (Month) Oct (Day) 9 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 9-1872
9. AGE last birthday 78 yrs. If under 1 year Months 4 Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Sewart
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas W. Bennett
14. MOTHER'S MAIDEN NAME Mary Emily Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Roy P. Bennett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
153X	Immediate cause	(a) Cardiac decompensation	12 hr
46e	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma colon	13 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. anemia, cachexia

19a. DATE OF OPERATION 1937
19b. MAJOR FINDINGS OF OPERATION Carcinoma colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1950, to Oct 9, 1950, that I last saw the deceased alive on Oct 5, 1950, and that death occurred at 3:00 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Roy Guyther, MD ADDRESS Mechanicsville DATE SIGNED 10/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 12-1950
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Guilford prince George Md

DATE REC'D BY LOCAL REG. 10-11-50
REGISTRAR'S SIGNATURE Sr. A. Camalier M.D. per R.F.
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS 73299 Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10535

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Mary's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Drayden; LENGTH OF STAY (in this place) 25 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Drayden; STREET ADDRESS (If rural, give location) West St. Mary's Manor

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) B. (Last) Burch

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 6 1863

9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired house painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Joseph A. Tyson, Drayden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) General arteriosclerosis — Interval Between Onset and Death: 5 years

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Oct., 1950, that I last saw the deceased alive on Oct. 20, 1950, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P.J. Beany M.D. ADDRESS: Great Mills, Md. DATE SIGNED: 10-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 10-24-50 NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Oct. 22-50 REGISTRAR'S SIGNATURE: P.J. Beany M.D.

24. FUNERAL DIRECTOR ADDRESS: Lee Funeral Home, Washington D.C.

3409

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10536

CERTIFICATE OF DEATH

Reg. Dist. No. 2-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; LENGTH OF STAY (in this place) MARYLAND Life	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) A. (Last) Curtis	4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1950						
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 10 1886	9. AGE last birthday: 64 yrs.	If under 1 year: Months 5	Days 11	If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer by the day	10b. KIND OF BUSINESS OR INDUSTRY: Labor Janitor	11. BIRTHPLACE (State or foreign country): Maryland St Marys	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: John F. Curtis	14. MOTHER'S MAIDEN NAME: Mary Jane Clarke						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS: Mrs Mary N. Curtis					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Suffocation	10 Min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Epilepsy.	15 yrs
(c)		

353.3

186a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home	(CITY OR TOWN) Leonardtown	(COUNTY) St Marys	(STATE) Md
TIME OF INJURY (Month) Oct (Day) 20 (Year) 50 (Hour) 5:30 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell out of bed		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Oct 21, 1950, and that death occurred at 3.00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Francis F. Brownell Md		Oct 22-50

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 23-1950	St Johns	Holly Wood Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/24/50	Candler	Jos C. Mattingley	Leonardtown Maryland

RECEIVED
OCT 24 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10537

CERTIFICATE OF DEATH

Reg. Dist. No. 186

1. PLACE OF DEATH · COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Avenue — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Avenue
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Maria (Middle) — (Last) Dorsey			4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 1930		
5. SEX 1	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 9-26-1836	9. AGE last birthday 94 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) md	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME George Maddox			14. MOTHER'S MAIDEN NAME Jane Butler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Harold J Maddox		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	years
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	
	(c) Old age Gen debility	—

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1930, to 10-8-, 1930, that I last saw the deceased ~~alive~~ dead on 10-8-, 1930, and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert V. Palmer		Avenue	10-8-30

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 10-10-30	NAME OF CEMETERY OR CREMATORY Sacred Heart	LOCATION (City, town, or county) Brushwood (State) md
DATE REC'D BY LOCAL REG. 10-8-30	REGISTRAR'S SIGNATURE Robert V. Palmer	24. FUNERAL DIRECTOR J. C. Maltenzy	ADDRESS Lincoln md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1950
BUREAU

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10538

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Medical Examiner's.

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 1 Week	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Marys City
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) Fairfax	(Last) Ford	4. DATE OF DEATH	(Month) Oct (Day) 23 (Year) 1950
5. SEX Male	6. COLOR OR RACE Colord	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb 17 1900	9. AGE last birthday 50 yrs.	If under 1 year: Months 8, Days 6; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Farm Labor	11. BIRTHPLACE (State or foreign country) Maryland St Marys	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Johnie Ford	14. MOTHER'S MAIDEN NAME Florence Jones				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-12-1994	17. INFORMANT AND ADDRESS Mrs Lizzie Ford			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subarachnoid hemorrhage and	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fractured skull.	1 week.
	(c)	

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170 C

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 235	(CITY OR TOWN) St. James	(COUNTY) St. Mary's	(STATE) Maryland
TIME OF INJURY (Month) 10 (Day) 16 (Year) 50 (Hour) 7:30 P. m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Struck by auto		

22. I hereby certify that I attended the deceased from 10/16, 1950, to 10/23, 1950, that I last saw the deceased alive on 10/23, 1950, and that death occurred at 3.30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	[signature]	Lexington Park Md	10/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Oct 26 1950	NAME OF CEMETERY OR CREMATORY St Peters	LOCATION (City, town, or county) Ridge St Marys	(State) Md
DATE REC'D BY LOCAL REG. 10/23/50	REGISTRAR'S SIGNATURE Carmalin	24. FUNERAL DIRECTOR Jos C. Mattingley	ADDRESS Leonardtown Md	

866 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
OCT 25 1950
BUREAU V. S

10539

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valley Lee — LENGTH OF STAY (in this place): 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valley Lee
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) Jenney (Middle) (Last) Hooper

4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 1 - 1890
9. AGE last birthday: 60 yrs. — If under 1 year: Months [illegible] Days 7 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House keeper self
11. BIRTHPLACE (State or foreign country): Va Clarks
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Jackerson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Rev George Levy Hooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Excitement & Exertion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ saw the deceased from as Coroner 19....., on Oct 7, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at abt 7.00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Francis T Greenwell MD Acting Coroner Leonardtown Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 11 1950 — NAME OF CEMETERY OR CREMATORY: Bethesda Cemetery — LOCATION (City, town, or county) (State): Valley Lee St Marys Md

DATE REC'D BY LOCAL REG.: 10-11-50 — REGISTRAR'S SIGNATURE: Dr. A. Camalier, MD per [illegible] — 24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: Leonardtown Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
OCT 11 1950
BUREAU V. S

10540

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural, give location) R. F. D #1

3. NAME OF DECEASED (Type or Print) (First) Luke (Middle) William (Last) Mattingly

4. DATE OF DEATH (Month) Oct (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 11-1874
9. AGE last birthday 76 yrs. If under 1 year Months 5 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-owner
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lee Mattingly
14. MOTHER'S MAIDEN NAME ~~Luke G. Mattingly~~ unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Luke G. Mattingly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolism	4 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Cerebral hemorrhage	6 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2-, 1950, to 10-23, 1950, that I last saw the deceased alive on 10-22, 1950, and that death occurred at 9.15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Beary M.D. ADDRESS Great Mills, Md. DATE SIGNED 10-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 25-1950
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) (State) Holly Wood St. Marys Md

DATE REC'D BY LOCAL REG. 10-24-50
REGISTRAR'S SIGNATURE P. J. Beary M.D.
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 26 1950
BUREAU V. S

M

10541

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 287

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Spottsylvania
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) - (Last) MINOR
4. DATE OF DEATH (Month) 10 - (Day) 31 - (Year) 1950
5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH ? 1891
9. AGE last birthday 59? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Saw Mill
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Josh Minor
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Harvey Minor

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 day

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? spontaneous hemorrhage

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Jane M.D. ADDRESS Lexington Park, Md. DATE SIGNED 10/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-1-50
NAME OF CEMETERY OR CREMATORY Little Road
LOCATION (City, town, or county) Fredericksburg, Va (State)
DATE REC'D BY LOCAL REG. 11/1/50
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR G. B. Robinson, Leonardtown ADDRESS md

98809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

RECEIVED
NOV 6 1950
BUREAU Y. S

10542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clements
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clements
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harrison (Middle) (Last) Schuhart

4. DATE OF DEATH (Month) Oct (Day) 2 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct 21-1891
9. AGE last birthday 58 yrs. If under 1 year Months 11 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor on Farms
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Henery Schuhart
14. MOTHER'S MAIDEN NAME Margaret Wiener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Mary L. Schuhart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac dilation	10/2/50
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocardium - Aumentation fibrillation	?
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to Oct 2, 1950, that I last saw the deceased alive on Sept 28, 1950, and that death occurred at 6.30 p.m., from the causes and on the date stated above.

SIGNATURE Aloysius C Welch M D (Degree or title) ADDRESS Chaptico Md DATE SIGNED 9/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 5 1950
NAME OF CEMETERY OR CREMATORY Christ Cemetery
LOCATION (City, town, or county) Chaptico St Marys (State) Md

DATE REC'D BY LOCAL REG. Oct 4-1950
REGISTRAR'S SIGNATURE F. A. Camalier M D.
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Maryland

Per Jos C. Mattingly 8660

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 6 1950.
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10543

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River; LENGTH OF STAY (in this place) 1yr. 8mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Peekskill
STREET ADDRESS (If rural, give location) 121 Water Street

3. NAME OF DECEASED (Type or Print): (First) Roual; (Middle) Francis; (Last) SMITH
4. DATE OF DEATH: (Month) October; (Day) 9; (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-10-30
9. AGE last birthday: 20 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airman
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Coleman Smith
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service) 10-20-48 to present
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: U. S. NAVY RECORDS.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

822.5 Immediate cause (a) FRACTURE, DEPRESSED, SKULL, COMPOUND, ALL BONES — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
1700 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 235 near (CITY OR TOWN) Hillville (COUNTY) St. Mary's (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 9 1950 5:15A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Automobile went out of control and overturned

22. I hereby certify that I attended the deceased from Not attended, 19..., to ..., 19..., that I last saw the deceased alive on Dead on arrival, 19..., and that death occurred at 6:15 A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Thenton D. BOAZ, Captain, Medical Corps, U.S. Navy. ADDRESS U.S. Naval Air Station Patuxent River, Maryland DATE SIGNED 9 Oct 1950

23. BURIAL, CREMATION REMOVAL (Specify): Transportation
DATE THEREOF: 10/11/50
NAME OF CEMETERY OR CREMATORY: Peekskill, New York
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.: 10/10/50
REGISTRAR'S SIGNATURE: Calmalier
24. FUNERAL DIRECTOR: F. B Robinson, Leonardtown Md.
ADDRESS

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 13 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10544

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Francis (Last) Stevens

4. DATE OF DEATH (Month) 10/ (Day) 9/ (Year) 1950

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 12/22/1873

9. AGE last birthday 77 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farm labor

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Lee Stevens

14. MOTHER'S MAIDEN NAME Nannie Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Cecilia Butler, Mechanicsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Gastric hemorrhage — Interval Between Onset and Death: 3 hr

46 b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of stomach — 3 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 19 49, to Oct 9, 19 50, that I last saw the deceased alive on Oct 7, 19 50, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. W. Byrd MD Leonardtown 10/11/50

23. BURIAL, CREMATION REMOVAL Burial | DATE THEREOF 10/12/50 | NAME OF CEMETERY OR CREMATORY St. Johns | LOCATION (City, town, or county) (State) Hollywood, Md.

DATE REC'D BY LOCAL REG. 10/11/50 | REGISTRAR'S SIGNATURE Cumalier

24. FUNERAL DIRECTOR ADDRESS P.B.Robinson, Leonardtown, Md.

866 W

RECEIVED
OCT 13 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10545

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH
COUNTY: St. Mary's
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River, Maryland
LENGTH OF STAY (in this place): 9 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dispensary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River, Maryland
STREET ADDRESS (If rural, give location): U.S. Naval Air Station

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) Boy (Last) TOWNES

4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: CAUC

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): -

8. DATE OF BIRTH: 10-12-50

9. AGE last birthday: - yrs. If under 1 year: Months - Days - If under 24 hrs.: Hours 9 Min. 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Herbert Lee Townes

14. MOTHER'S MAIDEN NAME: Frances M. Farlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Father: VR-1 USNAS, Patuxent River, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ASPHYXIA, FETAL, CAUSE UNKNOWN	40 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PREMATURITY	9 Hrs.
	(c)	

762.5
159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 12 Oct, 1950, to 12 Oct, 1950, that I last saw the deceased alive on 12 Oct, 1950, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thenton D. BOAZ, Captain Medical Corps, USN.
ADDRESS: USNAS, Patuxent River, Maryland.
DATE SIGNED: 10-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/16/50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 10/16/50
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: P. B. Robinson
ADDRESS: Leonardtown, Md.

2-0-0-12-0-26-2-32-2

RECEIVED
OCT 17 1950
BUREAU V. S